

# Disclosure Form Pertaining to ADA Editorial Activities International Committee of Medical Journal Editors (ICMJE) Adapted by the American Diabetes Association

**Date:** 6/11/2024

**Your Name:** Jonathan Shaw

**Journal Title:** Diabetes Care

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to your role as editor for the above-titled journal. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The relationships/activities/interests of the editors should be defined broadly. For example, if you are asked to oversee the peer-review of manuscripts pertaining to the epidemiology of diabetes, you should declare all relationships with manufacturers of glucose-lowering medications.

This form was modified by the American Diabetes Association (ADA) in December 2023 to pertain to editorial review activities for ADA professional publications. The original disclosure form developed by the International Committee of Medical Journal Editors (ICMJE) can be found at <https://www.icmje.org/disclosure-of-interest>.

		<b>Name all entities with whom you have this relationship or indicate none (add rows as needed)</b>	<b>Specifications/Comments (e.g., if payments were made to you or to your institution)</b>						
<b>Time frame: Since the initial planning of the work</b>									
<b>1</b>	Funding support for research projects completed or awarded in the past 36 months (including provision of study materials, article processing charges, etc.)	<table border="1"> <tr> <td>US Centers for Disease Control and Prevention</td> <td>Payments to my institution</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;">Click the tab key to add additional rows.</td> </tr> </table>	US Centers for Disease Control and Prevention	Payments to my institution			Click the tab key to add additional rows.		
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<b>Time frame: Past 36 months</b>																					
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<table border="1"> <tr> <td>AstraZeneca</td> <td>Payments to my institution</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td>Click the tab key to add additional rows.</td> </tr> </table>	AstraZeneca	Payments to my institution				Click the tab key to add additional rows.													
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<b>3</b>	Royalties or licenses	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td>Click the tab key to add additional rows.</td> </tr> </table>							Click the tab key to add additional rows.												
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<b>4</b>	Consulting fees	<table border="1"> <tr> <td>Astra Zeneca</td> <td>Payments to me</td> </tr> <tr> <td>Sanofi</td> <td>Payments to me</td> </tr> <tr> <td>Novo Nordisk</td> <td>Payments to me</td> </tr> <tr> <td>MSD</td> <td>Payments to me</td> </tr> <tr> <td>Eli Lilly</td> <td>Payments to me</td> </tr> <tr> <td>Pfizer</td> <td>Payments to me</td> </tr> <tr> <td>GSK</td> <td>Payments to me</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td>Click the tab key to add additional rows.</td> </tr> </table>	Astra Zeneca	Payments to me	Sanofi	Payments to me	Novo Nordisk	Payments to me	MSD	Payments to me	Eli Lilly	Payments to me	Pfizer	Payments to me	GSK	Payments to me				Click the tab key to add additional rows.	
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<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<table border="1"> <tr> <td>Astra Zeneca</td> <td>Payments to me</td> </tr> <tr> <td>Mylan</td> <td>Payments to me</td> </tr> <tr> <td>Sanofi</td> <td>Payments to me</td> </tr> <tr> <td>Boehringer Ingelheim</td> <td>Payments to me</td> </tr> <tr> <td>Zuellig</td> <td>Payments to me</td> </tr> <tr> <td>Abbott</td> <td>Payments to me</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td>Click the tab key to add additional rows.</td> </tr> </table>	Astra Zeneca	Payments to me	Mylan	Payments to me	Sanofi	Payments to me	Boehringer Ingelheim	Payments to me	Zuellig	Payments to me	Abbott	Payments to me				Click the tab key to add additional rows.			
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<b>6</b>	Payment for expert testimony	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td>Click the tab key to add additional rows.</td> </tr> </table>							Click the tab key to add additional rows.												
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7	Support for attending meetings and/or travel	<input type="checkbox"/> <b>None</b> <table border="1" data-bbox="516 283 1469 388"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td>Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
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<b>Continues on the next page</b>								
8	Patents planned, issued or pending	<input type="checkbox"/> <b>None</b> <table border="1" data-bbox="516 577 1469 682"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td>Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <b>None</b> <table border="1" data-bbox="516 808 1469 913"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td>Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b> <table border="1" data-bbox="516 1018 1469 1123"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td>Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
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11	Stock or stock options	<input type="checkbox"/> <b>None</b> <table border="1" data-bbox="516 1218 1469 1323"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td>Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <b>None</b> <table border="1" data-bbox="516 1449 1469 1554"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td>Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
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13	Other financial or non-financial interests	<input type="checkbox"/> <b>None</b> <table border="1" data-bbox="516 1648 1469 1753"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td>Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
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Please place an “X” next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.